

**HOME PROGRAM
INTERIM DRAW APPLICATION**

Property Owner Name: _____

Property Address: _____

Contractor: _____

Proceed Order Date: _____ Completion Due Date: _____

ORIGINAL CONTRACT AMOUNT	\$
NET CHANGE BY CHANGE ORDER TO DATE	\$
CONTRACT SUM TO DATE	\$
PARTIAL PAYMENT AMOUNT	\$
BALANCE DUE UPON COMPLETION	\$

This certifies that I agree with the above statement and I am willing to authorize partial payment to said contractor in the amount of \$ _____ which I understand is _____ % of my contract amount with _____.

Owner

Date

Witness

Date

I hereby certify that the work is 60% complete and authorize payment to the contractor in the amount of \$ _____ which is 50% of the contract amount.

Housing Specialist

Date

The undersigned Contractor certifies that the work covered by this Application for Interim Draw has been completed in accordance with the Contract Documents, and that all amounts have been paid or will be paid by the Contractor for all work which this request for payment will be issued.

Contractor

Date